PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUL

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(571)-273-2885 or Fax

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE A	DDRESS (Note: Use Block	I for any change of address)
--------------------------	-------------------------	------------------------------

7590

10/08/2008

NORMAN E. LEHRER, ESOUIRE



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United

NORMAN E. LI	EHRER, P.C. INGS HIGHWAY	רכם ( סכד	2 1 2000 By State addr traps	es Postal Service with eased to the Mail St mitted to the USPTO	sufficient postage for firs op ISSUE FEE address (571) 273-2885, on the da	t class mail in an envelope above, or being facsimile ate indicated below.	
CHERRY HILL	, NJ 08034	B	SET TO	Norman E	Kehrer/	(Depositor's name)	
10/28/2008 WABDELR3	3 00000040 10796928	CM7	& TRADE ME	Morman E	. Hehrer	(Signature)	
01 FC:2501	755	.00 OP		October 2	2//2008	(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		TTORNEY DOCKET NO.	CONFIRMATION NO.	
10/796,928 TITLE OF INVENTION	03/10/2004 : CLOSED LOOP VAC	UUM CLEANER	Mark D. Krymsky		5336-3	3262	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FI	EE TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$755	\$0	\$0	\$755	01/08/2009	
EXAM	IINER	ART UNIT	CLASS-SUBCLASS		*		
GRAHAM	, GARY K	3723	015-346000				
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or typ	pe)			
PLEASE NOTE: Un recordation as set fort	less an assignee is ident th in 37 CFR 3.11. Com	tified below, no assignee pletion of this form is NO	data will appear on the part of the part o	atent. If an assignee assignment.	is identified below, the de	ocument has been filed for	
(A) NAME OF ASSI			(B) RESIDENCE: (CITY	and STATE OR COU	JNTRY)		
Please check the appropr	riate assignee category o	r categories (will not be p	rinted on the patent):	Individual Corpo	oration or other private gro	oup entity Government	
			4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any				
	itus (from status indicate		overpayment, to Depo	sit Account Number _	(enclose a	n extra copy of this form).	
J. Change in Entity Sta	ieus (mom sains maioaic						

will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in tent and brademary office. ation Fee (if required) NOTE: The Issue Fee and Puby interest as shown by the recor October 22, 2008 Authorized Signature 26,561

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

7 CPR 1.27

Lehre

□ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

Registration No.

Norman E.

X a. Applicant claims SMALL ENTITY status. See

Typed or printed name